

## MONTHLY PROGRAM REPORT FOR WORK ADJUSTMENT LOA

(1) VENDOR NAME: \_\_\_\_\_ (2) REPORT MONTH \_\_\_\_\_

[illegible]

**Due by the 15th day of the following month**

**email to:**

[VRreports.DHS@tn.gov](mailto:VRreports.DHS@tn.gov)

# of DRS Clients currently in Work Adjustment services \_\_\_\_\_

Cumulative total of Work Adjustment clients served this fiscal year\_\_